(ieorge MASON TR Signature Signature

I/We have received a copy of this Federal Disclosure Statement.

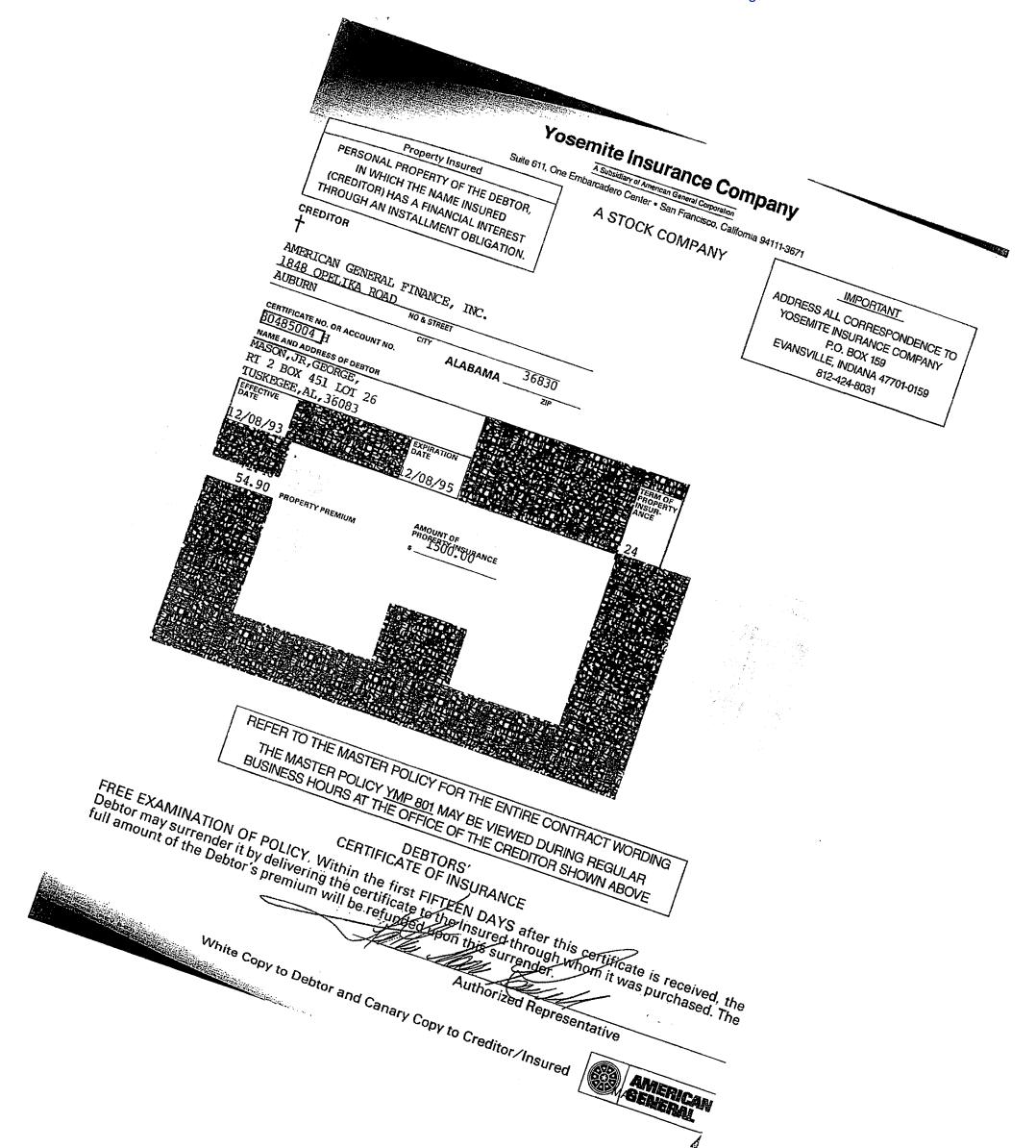
You may obtain physical damage insurance from anyone you want or provide it through an existing policy, provided the insurance company is acceptable to the creditor and the amount linanced and value of the property exceeds \$300. If you get physical damage insurance from or through the creditor, it will be for a term of N/A months and you will pay \$ N/A

See your contract documents for any additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penaliles.

DO1-00002 (D-F-H4-L-N) ALABAMA MINI-CODE AND INTEREST AND USURY (7-83



Page 1 of 9



NOTICE
ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES
WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED WITH
THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS
PAID BY THE DEBTOR HEREUNDER.

Titness: A A A Could	CAUTION: IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT!  CECTO MASON JK. L.S. (Seal)  (SGNATURE OF PANCIPAL BORROWER)  L.S. (Seal)
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# **Yosemite Insurance Company**

A Subsidiary of American General Corporation

Suite 611, One Embarcadero Center • San Francisco, California 94111-3671

## Property Insured

PERSONAL PROPERTY OF THE DEBTOR.
IN WHICH THE NAME INSURED
(CREDITOR) HAS A FINANCIAL INTEREST
THROUGH AN INSTALLMENT OBLIGATION.

# A STOCK COMPANY

#### IMPORTANT

ADDRESS ALL CORRESPONDENCE TO YOSEMITE INSURANCE COMPANY P.O. BOX 159 EVANSVILLE, INDIANA 47701-0159

CREDITOR

†

AMERICAN GENERAL FINANCE, INC.

AUBURN, AL

ALABAMA 36830

CERTIFICATE NO. OR ACCOUNT NO.

NAME AND ADDRESS OF DEBTOR

MASON, JR, GEORGE, RI 2 BOX 451 LOI 26 TUSKEGEE AL 36083

D2/16/93 4 D3/01/95

54.90 PROPERTY PREMIUM

AMOUNT OF PROPERTY INSURANCE 1500.00

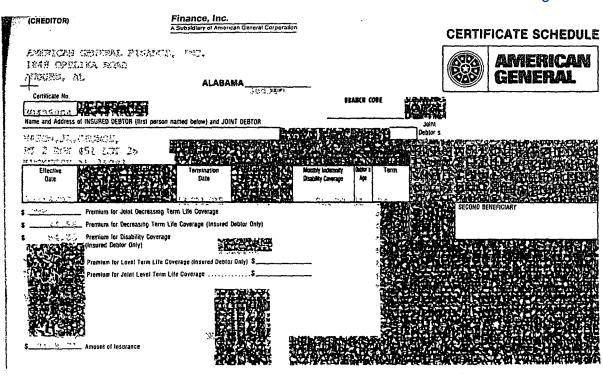
REFER TO THE MASTER POLICY FOR THE ENTIRE CONTRACT WORDING
THE MASTER POLICY YMP 801 MAY BE VIEWED DURING REGULAR
BUSINESS HOURS AT THE OFFICE OF THE CREDITOR SHOWN ABOVE

DEBTORS'
CERTIFICATE OF INSURANCE

FREE EXAMINATION OF POLICY. Within the first FIFTEEN DAYS after this certificate is received, the Debtor may surrender it by delivering the certificate to the insured through whom it was purchased. The full amount of the Debtor's premium will be refunded upon this surreguer.

Authorized Representative

AMERICAN GENERAL



Disability Benefits are payable for days of disability in excess of the \_day ELIMINATION PERIOD during periods of uninterrupted total disability 0 which continues for at least the \_\_\_\_\_\_\_day WAITING PERIOD.

#### CREDIT LIFE AND/OR DISABILITY INSURANCE CERTIFICATE

MERIT LIFE INSURANCE CO. **EVANSVILLE, INDIANA 47701**  MASTER POLICY NO. ML-140 (AL)

YOSEMITE INSURANCE COMPANY HOME OFFICE: SAN FRANCISCO, CA P.O. BOX 39

MASTER POLICY NO.

EVANSVILLE, INDIANA 47701

This certificate is issued jointly by Merit Life Insurance Co. and Yosemite Insurance Company. Merit Life Insurance Co. shall be liable for the full amount of any claims resulting from the Credit Life Insurance coverage provided by this Certificate according to the terms of this Certificate and Yosemite Insurance Company shall be liable for the full amount of any claims resulting from the Credit Disability Insurance coverage provided by this certificate according to the terms of this Certificate. Notice of claim furnished to either of the insurers shall be sufficient notice to both insurers.

Credit Life Insurance Coverage is provided only for the kind of coverage and Amount of Insurance for which Premium is shown and paid, subject to the limits of this Certificate,

Credit Disability Insurance Coverage is provided only for the kind of coverage and amount of monthly indemnity for which Premium is shown and paid, subject to the limits of this Certificate.

## PROVISIONS APPLICABLE TO CREDIT LIFE INSURANCE COVERAGE

Merit Life Insurance Co. P.O. Box 39 Evansville, Indiana 47701 (Herein Called The Company)

In Accordance with the Provisions and Conditions of the Group Credit Policy the Number of which is specified above.

HEREBY INSURES

The first person named in the Certificate Schedule (herein called the Insured Debtor) and, if Joint Term Life is purchased, the person designated in the Certificate Schedule as the Joint Debtor, but only for the coverage or coverages for which a premium is shown in the Certificate Schedule. The death of either the Insured Debtor or the Joint Debtor shall immediately terminate the insurance of the other. If the death of the Insured Debtor and the Joint Debtor occur simultaneously, the death benefit shall be paid for the Insured Debtor only.

The proceeds of this Certificate shall be applied to reduce or extinguish the unpaid indebtedness to the Creditor, and whenever the amount exceeds the unpaid indebtedness, the excess shall be paid to the Second Beneficiary; except if Joint Term Life is purchased the excess shall be paid to the surviving instead

unless the insured Debtor and Joint Debtor die simultaneously, in which event the excess shall be paid to the surviving insured unless the insured Debtor and Joint Debtor die simultaneously, in which event the excess shall be paid to the Second Beneficiary named by the Insured Debtor. DEATH BENEFITS, DECREASING TERM LIFE INSURANCE—The Company agrees to pay upon receipt of due proof of the death of either the Insured Debtor or the Joint Debtor, occurring during the term of this Certificate and while this Certificate is in force the amount of life insurance in force beginning on the effective date of this Certificate shall be the initial amount of life insurance specified to the exchange specified in the exchange the production date of the certificate is in the contribution. life insurance specified in the schedule. On the corresponding date of each succeeding month thereafter, during the term for which this Certificate is written, the amount of insurance in force shall progressively decrease by the amount of the monthly reduction determined by dividing the initial amount of Insurance

specified in the Schedule by the number of months in the Term.

DEATH BENEFITS, LEVEL TERM LIFE INSURANCE—The Company agrees to pay upon receipt of due proof of the death of the Insured Debtor oc-

curring during the term of this Certificate and while this Certificate is in force, the initial amount of life Insurance shown in the schedule.

EXCLUSIONS, LIMITATIONS AND REDUCTIONS—The life insurance provided hereunder does not pover: (1) any person under the age of eighteen years or over the age of seventy years on the effective date of the Certificate. (2) Anyone who commits suicide within one year from the date of issue of the Certificate. Any premium paid to the Company for any period for overed by this Certificate will be returned.

Licensed Resident Agent CREDITOR-DEBTOR INSURANCE ONLY

001-00002 (D-F-H-I-L-N) ALABAMA MINI-CODE (10-92)

Countersigned.